



## USDA COMMODITY FOOD LOSS REPORT

**Instructions:** Complete this form, retain a copy for your files, and return the original to:

Office of Public Instruction  
School Nutrition Programs  
PO Box 202501  
Helena, MT 59620-2501

**Note:** Do not destroy commodities before notifying the Office of Public Instruction, School Nutrition Programs of loss and/or damage of commodities. If possible, obtain a record of all of the numbers on the cases for commodities that will be destroyed. Please dispose of commodities in such a manner that they cannot be used for human consumption, and document such. Acceptable means of disposal are putting in the dumpster just prior to the garbage pick-up, delivering to the dump, or burning. Complete the following after disposal of food has been accomplished.

School: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

How and where were commodities destroyed? \_\_\_\_\_

1. Complete the following Information. Attach additional sheet(s) if necessary.

Commodity (i.e. Peanut Butter)	Pack Size (6/#10)	Quantity Lost (cans/pounds)	Contract/Code Numbers	Pack Date	Date Received	Date of Disposal

2. Nature of Loss: (Check all that apply)

\_\_\_\_ Refrigeration/Freezer Failure

\_\_\_\_ Fire

\_\_\_\_ Theft

\_\_\_\_ Infestation/Spoilage

\_\_\_\_ Contamination

\_\_\_\_ Damage

\_\_\_\_ Other, Explain: \_\_\_\_\_

If theft, did police investigate? \_\_\_\_ Yes \_\_\_\_ No (If yes, include copy of police report)

3. Where did this occur? \_\_\_\_ School/School Warehouse \_\_\_\_ Commercial Warehouse

4. Time between last temperature/visual check and discovery of loss: \_\_\_\_\_

*The Montana Office of Public Instruction provides vision, advocacy, support, and leadership for schools and communities to ensure that all students meet today's challenges and tomorrow's opportunities.*

5. Storage Facilities:
- A. Temperature of storage area where loss occurred: \_\_\_\_\_
- B. Are the storage facilities locked? \_\_\_\_\_ Yes \_\_\_\_\_ No
- C. Is there a temperature alarm system for the refrigeration/freezer? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Give complete details regarding loss: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Type and frequency of storage and equipment inspection (including pest control and preventive maintenance of refrigeration/freezer equipment): \_\_\_\_\_  
\_\_\_\_\_
8. Is loss covered by insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No
- If yes, has a claim been filed with the insurance company? \_\_\_\_\_ Yes \_\_\_\_\_ No

I certify that the information submitted on this report is true and correct.

\_\_\_\_\_  
School Official Signature and Title

\_\_\_\_\_  
Date

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STATE AGENCY USE ONLY  
CLAIM DETERMINATION

Date Received: \_\_\_\_\_ Claim: # \_\_\_\_\_ Value of Claim: \$ \_\_\_\_\_

Claim Determination: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date letter of action sent to school: \_\_\_\_\_

Date entitlement credited to school: \_\_\_\_\_

\_\_\_\_\_  
State Agency Signature and Title

\_\_\_\_\_  
Date